

## TRAVEL EXPENSE CLAIM

Traveler ID Unit Code

## STAFF

**STD. 262 (REV. 10/92)**

210

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CLAIMANT'S NAME Karen Baker		Fiscal Year 2008-2009	2008TEC1777	SSN OR EMPLOYEE NUMBER*	DEPARTMENT OPR
POSITION Secretary of Volunteering and		CB/ID NO.: EXEMPT	DIVISION OR BRANCH CaliforniaVolunteers		PCA # 11100
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS 1110 K Street Suite 210		TELEPHONE NUMBER 916-323-7646
CITY Sacramento	STATE CA	ZIP CODE	CITY Sacramento	STATE CA	ZIP CODE 95814

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENT- TALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2)				BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO, OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
											\$0.00		\$0.00	
9/29	1500 2400	Sac/San Francisco/Sac								\$8.00	186	\$102.30		\$110.30
												\$0.00		\$0.00
												\$0.00		\$0.00
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												\$0.00		\$0.00
												\$0.00		\$0.00
												\$0.00		\$0.00
(10)		SUBTOTALS								\$8.00	186	102.3		\$110.30

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL	\$	\$110.30
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)		(12) NORMAL WORK HOURS
Gap Inc. Leadership Initiative Summit Opening Event	_____	(13) PRIVATE VEHICLE LICENSE NUMBER
	_____	4ybd289
	_____	(14) MILEAGE RATE CLAIMED
	_____	AGENCY ACCOUNTING OFFICE
	_____	USE ONLY
_____		PAID BY REVOLVING FUND CHECK NUMBER
_____		\$0.55

THEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

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(15) CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE